24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | | PAGE 1 OF 3 FOR SE OF FORM 24/48 |
|---|---------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| KEEP THE PROMISE I | | C C00575373 |
| | | M = M / D = D / Y = Y = Y |
| Check if 24-hour report 48-hour report New rep | oort Amends report | |
| Full Name of Payee CAMBRIDGE ANALYTICA LLC | | Date of Public Distribution/Dissemination |
| Mailing Address 8383 WILSHIRE BLVD | | 11 18 2015 |
| STE 1000 | | Amount |
| City State | Zip Code | 7237.04 |
| BEVERLY HILLS CA | 90211 | Transaction ID : SE.4324 Date of Disbursement or Obligation |
| Purpose of Expenditure MEDIA | Category/ Type | 11 |
| Name of Federal Candidate | Support C | Office Sought: House District: 00 |
| RAFAEL EDWARD 'TED' CRUZ | Oppose | President Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| NOSTROMO FILMS INC. | | 12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 709 LORRAINE DRIVE | | Amount |
| City State | Zip Code | 12500.00 |
| SOUTHLAKE TX | 76092 | Transaction ID : SE.4309 Date of Disbursement or Obligation |
| Purpose of Expenditure MEDIA | Category/ Type | 10 29 2015 |
| Name of Federal Candidate | X Support C | Office Sought: House District: 00 |
| RAFAEL EDWARD 'TED' CRUZ | Oppose | President Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: |
| | | |
| (a) SUBTOTAL of Itemized Independent Expenditures |) | 19737.04 |
| (b) SUBTOTAL of Unitemized Independent Expenditures |) | • |
| (c) TOTAL Independent Expenditures | | |
| Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent. | • | • |
| | nically Filed] Date | 12 09 2015 |
| Signature | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | LINDITOTIES | PAGE 2 OF 3 FOR SE OF FORM 24/48 | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ | |
| KEEP THE PROMISE I | | C C00575373 | |
| Check if 24-hour report X 48-hour report | New report Amends report f | iled on | |
| Full Name of Payee THE LUKENS COMPANY | | Date of Public Distribution/Dissemination | |
| Mailing Address 2800 SHIRLINGTON ROAD | | 12 07 2015 | |
| 9TH FLOOR | | Amount | |
| City State | Zip Code | 27927.00 | |
| ARLINGTON VA | 22206 | Transaction ID : SE.4313 Date of Disbursement or Obligation | |
| Purpose of Expenditure DIRECT MAIL EXPENSE | Category/ Type | 12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Name of Federal Candidate | X Support O | ffice Sought: House District: 00 | |
| RAFAEL EDWARD 'TED' CRUZ | | President Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | isbursement For: | |
| Full Name of Payee | | Date of Public Distribution/Dissemination | |
| THE LUKENS COMPANY | | 12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Mailing Address 2800 SHIRLINGTON ROAD | | Amount | |
| 9TH FLOOR | | | |
| City State ARLINGTON VA | Zip Code 22206 | 68373.00 Transaction ID : SE.4314 | |
| Purpose of Expenditure | | Date of Disbursement or Obligation | |
| DIRECT MAIL EXPENSE | Category/ Type | 12 02 2015 | |
| Name of Federal Candidate | X Support C | office Sought: House District: 00 | |
| RAFAEL EDWARD 'TED' CRUZ | Oppose | President Senate State: SC | |
| Calendar Year-To-Date Per Election for Office Sought | 0.00 | isbursement For: | |
| | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 96300.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | ······ | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| JACQUELYN JAMES Signature | [Electronically Filed] Date | 12 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| - | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

| Schedule E) | FOR SE OF FORM 24/48 | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | |
| KEEP THE PROMISE I | | | |
| | C C00575373 | | |
| Check if 24-hour report X 48-hour report X New report Amends report filed on | | | |
| | It lied OII | | |
| Full Name of Payee THE MONACO GROUP | Date of Public Distribution/Dissemination | | |
| | 12 07 2015 | | |
| Mailing Address 1011 S. LINWOOD AVENUE | Amount | | |
| City State Zip Code | 37700.00 | | |
| SANTA ANA CA 92705 | Transaction ID : SE.4318 Date of Disbursement or Obligation | | |
| Purpose of Expenditure DIRECT MAIL EXPENSE Category/ Type | 12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Name of Federal Candidate Support | Office Sought: House District: 00 | | |
| RAFAEL EDWARD 'TED' CRUZ | Resident Senate State: IA | | |
| | Disbursement For: X Primary General | | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | 2016 Other (specify) ▶ | | |
| Full Name of Payee | Date of Public Distribution/Dissemination | | |
| THE MONACO GROUP | 12 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Mailing Address 1011 S. LINWOOD AVENUE | | | |
| | Amount | | |
| City State Zip Code | 92300.00 | | |
| SANTA ANA CA 92705 | Transaction ID : SE.4319 Date of Disbursement or Obligation | | |
| Purpose of Expenditure Category/ | M = M / D = D / Y = Y = Y | | |
| Type | 12 02 2015 | | |
| Name of Federal Candidate Support | Office Sought: House District: 00 | | |
| RAFAEL EDWARD 'TED' CRUZ Oppose | President Senate State: SC | | |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2016 | | |
| Per Election for Office Sought | Other (specify) | | |
| (a) CURTOTAL of Hamirad Indonesia Constant Constant Constant | 100000 00 | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 130000.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | > | | |
| (a) TOTAL ladacardant Funanditure | | | |
| (c) TOTAL Independent Expenditures | 246037.04 | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| JACQUELYN JAMES (Flootronically Filed) | M M / D D / Y Y Y Y Y Y | | |
| Signature [Electronically Filed] Date | 12 09 2015 | | |
| | | | |